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Mark J. McGivern, Interim Secretary

Sam Brownback, Governor

AMENDMENT

Request for Proposal

Amendment Date: June 19, 2013

Amendment Number: 5

Bid Event ID: EVT0002279

Closing Date: ~~June 28, 2013~~, **July 8, 2013** @ 2:00PM (CST)

Procurement Officer: Tami Sherley
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Item: Services, Health Care

Agency: Kansas Department of Corrections

Period of Contract: January 1, 2014 through December 31, 2017
(with the option to renew for three (3) additional two (2) year periods)

Conditions:

1. **See the attached answers to questions submitted to the Procurement and Contracts concerning the above mentioned RFP.**

A signed copy of this Amendment must be submitted with your bid. If your bid response has been returned, submit this Amendment by the closing date indicated above.

I (We) have read and understand this amendment and agree it is a part of my (our) bid response.

NAME OF COMPANY OR FIRM:_____

SIGNED BY:_____

TITLE:_____ DATE:_____

Amendment Number 5 EVT0002279 was recently posted to the Procurement and Contracts' Internet website. **The bid document can be downloaded by going to the following website:**

http://da.ks.gov/purch/Contracts/bids.aspx

It is the vendor's responsibility to monitor the Procurement and Contracts' website on a regular basis for any changes/addenda.

Contract Duration:

Question: What is the actual contract duration?

Answer: The contract duration begins January 1, 2014 and ends June 30, 2017 with the option to renew for three (3) additional two (2) year periods.

Contract Closing Date:

Question: Will the KDOC consider extending the closing date due to the numerous questions submitted requiring responses?

Answer: Yes, KDOC will extend the closing date from, June 28, 2013 for all bid submissions to 2:00PM, July 8, 2013.

Cost Proposal

Question: Please provide the past two years of historical cost for health services for the Juvenile Justice Authority?

Answer: The budget for FY2012 was $2,800,000. The budget for FY2013 is $2,900,000. The budget for FY2014 is $3,100,000.

Cost Proposal

Question: What is the budget for health services for the Juvenile Justice Authority for the period January 1, 2014 – June 30, 2015? Is this included in the budget for the adult DOC services?

Answer: From January 1, 2014 to June 30, 2014 the JJA budget is $1,550,000. From July 1, 2014 to June 30, 2015 the JJA budget is $3,100,000. This is separate from the KDOC budget.

3.1

Question: Please provide a copy of the current CCS contract and all contract amendments.

Answer: http://da.ks.gov/purch/Contracts/Default.aspx/07297

3.1

Question: What is the value of the current CCS contract for the period July 1, 2012 – June 30, 2013?

Answer: $49,333,571

3.1

Question: What is the value of the current CCS contract for the period July 1, 2013 – December 31, 2013?

Answer: $26,337,564

4.6

Question: Section 1. 4.6- Minimum qualifications. Please confirm that a group bidding just behavior health must still meet the requirements (c.) of having administered a Statewide Correctional Behavioral Health program as well as (i.) of 5 years' experience in a large statewide prison system.

4.6

Question: Section 2. 4.6 Minimum qualifications. Please confirm that to bid on a portion of this contract a vendor must meet the requirement of (c.) "administering a statewide correctional healthcare program" meaning an entire state healthcare system along with the other minimum qualifications outlined for their specific portion (e.g. EMR or Pharmacy)?

4.6

Question: Section 4.6 (i) states that a vendor must have five years' experience in large statewide prison systems, can we assume this requirement is specific to the portion of the RFP being bid on (e.g. 5 years of statewide prison system experience as a pharmacy vendor would meet the minimum for a pharmacy vendor)?

Answer: There have been numerous questions surrounding qualification and subcontracting. Therefore, to clarify KDOC's expectations of experience, the following is defined as minimum requirements:

1. Any vendor bidding on the RFP must meet the 5 year comprehensive criteria. Each component, Health Care Services, Behavioral Health Services, Pharmacy, and E.H.R., must have 5 years experience in a statewide prison system.

2. Any vendor bidding only on a carve-out component must still meet the same qualifications and they must have 5 years experience in a statewide prison system.

3. Specific to Health Care Services the vendor would need to demonstrate 5 years experience in full health care operations for Medical, Mental Health, and Dental in a statewide prison system.

4. Specific to Pharmacy carve out, the vendor would need to demonstrate 5 years experience in full pharmacy operations in a statewide prison system and have the capability of managing the pharmacy through an E.H.R. system.

5. Specific to Behavioral Health, the vendor must demonstrate 5 years experience in a statewide prison system, and that experience must include a comprehensive inpatient-outpatient practice that required management of crisis intervention, restraint usage, intensive treatment therapy, and reception and diagnostic services, as well as other mental health service needs described in this RFP.

6. In light of the fact that E.H.R. is a relatively new industry, KDOC will allow a vendor to demonstrate 5 years experience in a large Hospital or Corporate health care program in lieu of the 5 years experience in a Statewide Prison System. KDOC still requires the E.H.R. to have 5 years experience in a comprehensive model that includes medical, behavioral health, dental, pharmaceuticals, and quality improvement.

7. If KDOC chooses to contract separately for Medical Health Care and Mental Health Care, the vendors would contract directly with the KDOC for either service. There would be no sub-contractor relationship with a primary vendor.

8. Subcontracting for ancillary services such as E.H.R., Lab, and Pharmacy are permitted in this RFP as these models are traditionally subcontractor models and do not represent a large portion of the KDOC health care treatment dollars.

4.9

Question: The State has asked for both a Performance Guaranty and a Performance Bond. The bond requirements include different amounts. Could a sample approved bond form be provided so we can place the bonds properly?

Answer: KDOC has no blank bond forms as examples. It would not be appropriate to put an active bond on the internet. Local and national bonding firms or large banking systems can assist the vendors with appropriate bonding processes.

4.12

Question: Section 4.12 (f-g) please confirm that any vendor must include a catastrophic reinsurance product, at the vendors cost, for protection against catastrophic inpatient claims inclusive of transplants?

Answer: Confirmed. Any vendor bidding on the comprehensive health care contract is required to maintain catastrophic insurance.

4.17

Question: With regard to the “Per Capita-By Facility” increases and decreases on RFP Pages 8 and 9, please clarify the following.

Question: a. Are the Increase/Decrease Per Capita amounts cumulative, i.e., if the population is 30% above/below the contracted base population of the institution, will the vendor receive/pay back the amount for a 10% population increase/decrease PLUS the

amount for a 20% population increase/decrease PLUS the amount for a 30% population increase/decrease?

Answer: No.

Question: b. Does the Increase/Decrease Per Capita amount apply (a) to all inmates at the KDOC institution? Or (b) only to the number of inmates above/below the contracted base population of the institution?

Answer: Only the number above/below the contracted base population is affected by the population revenue pricing increases and/or decreases.

4.18

Question: Are the performance measures and penalties listed throughout the RFP contained in the current KDOC inmate health care contract? If not, please provide the KDOC's rationale for increasing the scope and/or amount of these measures and penalties.

Answer:
1. KDOC removed the 35-mile radius guarantee with an expectation that the vendor will still use the closest possible offsite facility. KDOC acknowledges that with improved on-site specialty services the numbers of offsite trips will reduce. Therefore, this guarantee should no longer be necessary.
2. KDOC removed the receiving and transfer screening guarantees for medical services as our system forces the function, therefore 100% compliance is achieved routinely.
3. KDOC added a guarantee for bill payment services to ensure all vendors pay their bills in a timely fashion.
4. KDOC added a guarantee for on-site specialty services to ensure cost shifting from the health care contractor to the KDOC in the form of transportation costs and security staff time does not occur.

5.3.8

Question: With regard to RFP §5.3.8 Health Assessment, how many "TB blood test for all positive Mantoux and immune suppressed adult and juvenile offenders" have been performed in each of the past two years?

Answer: Zero (0). Implementation of this new process should reduce staff time and TB medication costs.

5.3.12

Question: Section 5.3.12 (b) Sick Call- this requirement (4 hours per 100 inmates) will increase staff versus current levels, please confirm this is the expectation / requirement?

Answer: We disagree that this will increase staffing. The current staffing plan well surpasses the 3.5 hours per 100 offenders as required by the American Correctional Association's standards and the 4.0 hours per 100 offenders required in this RFP.

5.3.17

Question: With regard to mammography services, what is your current female population over the age of 50?

Answer: There are approximately 82 female offenders age fifty (50) and older.

5.3.18

Question: Will the KDOC be responsible for providing appropriate space, electrical power, shielding, and any other necessary site modifications for the digital x-ray equipment that vendor is requested to purchase and install in the RFP?

Answer: Yes.

5.3.18

Question: Who is your current lab vendor?

Answer: LabCorp.

5.3.20

Question: With regard to RFP § 5.3.20 Specialty Services, the KDOC is requiring "mandatory on-site specialty services" in sixteen (16) categories, including chemotherapy and dermatology. Please clarify the following points.

Question: a. Several of these specialty areas are expensive, risky, and/or have a low volume of utilization. Please confirm that the vendor does not have to provide each of the 16 clinics onsite at each KDOC institution, but only where the required volume of services makes the specialty clinic cost-effective, safe, and advantageous.

Answer: The services listed in section 5.3.20 are mandatory on-site specialty services. The RFP does not require these services at each site. The bidder should demonstrate as requested in the RFP the number of specialty clinics and their locations. We expect the bidder to utilize on-site specialty services whenever possible.

Question: b. Please indicate which of the 16 required specialty clinics are currently being conducted at each of the KDOC facilities.

Answer: KDOC would expect as stated above, for the vendor to initiate a new on site specialty program. The KDOC has performed a full review and estimated beginning and end dates for prior services is listed below:

1. Dialysis service is available daily at LCF only. Established in 1996 and is continuous.
2. Nephrology is currently not available on-site. Established in 1996 and discontinued in 2012.
3. Optometry service is available monthly at every site. Established in 1990 and is continuous.
4. Audiology is available routinely at all facilities. Established in 1990 and discontinued in 2009. The equipment has been approved for purchase and will be reestablished by December 31, 2013.
5. Oral surgery is available monthly at most sites. Established in 1992 and is continuous.
6. Chemotherapy is available when necessary at EDCF. Established in 2005 and is continuous.
7. Orthopedic medicine, not currently on-site. Established in 1996 and discontinued in 2006.
8. Physical therapy is available weekly at LCF only. Established at HCF, LCF, and EDCF in 1992 and discontinued in 2010 except at LCF.
9. OB/GYN service is available daily on-site at TCF. Established in 1990 and is continuous.
10. Colposcopy and LEEPS are available on-site at TCF. Established in 1995 and is continuous.
11. Cardiology and pulmonology are not available currently. Established in 1996 and discontinued in 2003.
12. Oncology is available weekly at EDCF. Established in 2005 and is continuous.
13. Dermatology is currently not available on-site. This was not previously established.
14. Immunology/Endocrinology is not currently available on-site. Established in 1997 and discontinued in 2006.
15. Ophthalmology/Retinal scan is available when needed (daily) at EDCF and LCF only. Established in 2012 and is continuous.
16. ENT/Allergy/Rheumatology is currently not available on-site. This was not previously established.
17. X-Ray is available on-site at all facilities when needed (daily) except NCF, KJCC, and LJCF. Established in 1990 and is continuous.

Question: c. Please indicate how often (how many hours, how many times per month) each of the 16 required specialty clinics is held at each of the KDOC facilities.

Answer: See above.

Question: d. Please provide the name(s) of the current specialty physicians (or other providers) who are currently conducting each of the 16 required specialty clinics at the KDOC facilities.

Answer: This information will be given to the successful vendor.

5.3.20

Question: In Amendment 2, page 6, a question was asked regarding the onsite services listed on page 35 Section 5.3.20. The KDOC responded to the question indicating that only oncology and dialysis were provided onsite currently. If that is the case, can you please clarify what the information provided in Appendix H represents? Are the clinics and frequency listed in the Appendix currently in place? If they are in place, who are the providers of said clinics?

Answer: The information represents a list of services KDOC would require as a part of the RFP process. All clinics and frequency listed are not currently in place at all the sites, but are expected to be on-site in the current contract. KDOC does not see this as additional services.

5.3.21

Question: 5.3.21 (b) Can vendor use the KDOC's Fiber and Copper Cabling to interconnect vendor provide network equipment?
A: No

Follow up question: For the facilities on a campus, where connectivity is required between buildings, based on the above response, would the vendor be required to trench and installed buried cable or somehow otherwise provide connectivity between buildings in order to provide connectivity to the multiple buildings? If so, can you provide a list of such locations?

Answer: The vendor has the option of renting KDOC lines or installing cable. Either way, the vendor is responsible. There are approximately six (6) areas where this may need to occur: LCF, NCF, HCF, TCF, LCMHF, WCF.

5.3.21

Question: To assist, we are also providing a list of questions submitted in first round that didn't have a response:

Question: a) Please provide a diagram of the current telecommunications network that is carrying the traffic for the Telemedicine and EHR computers and devices today. Please provide statewide, and campus level diagrams.

Answer: This information will be provided to the successful vendor.

Question: b) Please provide a copy of any Kansas Policies or Procedures that might affect the design or operation of the Telemedicine Network.

Answer: ITEC: http://oits.ks.gov/kito/itec/
CJIS: http://www.fbi.gov/about-us/cjis
KCJIS: https://cjisaudit.khp.ks.gov/launchpad/

Question: c) Please provide a copy of the KDOC Security and HRSA rules and regulations that the KDOC deems affect the Medical Network.

Answer: http://www.hrsa.gov/healthit/index.html
http://www.hrsa.gov/healthit/toolbox/index.html
http://www.hrsa.gov/healthit/toolbox/HIVAIDSCaretoolbox/SecurityAndPrivacyIssues/index.html

Question: d) To what extent can the existing internal network and cabling infrastructure be used to implement the Medical network?

Answer: It must be separate and not shared.

Question: e) To what extent can the existing internal network and cabling infrastructure be used to implement the Telemedicine Network?

Answer: It must be separate and not shared.

Question: f) Please define the KDOC interpretation of "network with up time matching Hospital Care Standards".

Answer: 99.99999% uptime.

Question: g) Please define “high resolution bandwidth on DS3 line level”
Answer: The ability of the line to support the high definition camera.

Question: h) When does the Telemedicine Network need to be fully operational?
Answer: July 1, 2014.

Question: i) Can the medical network be phased in site by site, or must it be fully operational at all locations by a given date?
Answer: No, phase in is not possible. It must be fully operational by July 1, 2014.

Question: j) Is the wireless connectivity intended to supplement existing wired connections, or to replace existing connections?
Answer: Supplemental.

Question: k) Please explain specific intentions and usage requirements for the wireless network being requested.
Answer: Wherever the vendor needs to accommodate the end user allowing access to tele-health and EHR with adequate equipment and productivity to perform onsite tele-health and specialty services as listed in the onsite specialty service Appendix H. Also, capability of such services in segregation and infirmary areas.

Question: l) Please explain specific locations where KDOC perceives a need for the wireless connections specified.
Answer: Wherever the vendor needs to accommodate the end user allowing access to telehealth and EHR with adequate equipment and productivity to perform onsite telehealth and specialty services as listed in the onsite specialty service Appendix H. Also, capability of such services in segregation and infirmary areas.

5.3.21
Question: With regard to RFP § 5.3.21 Telemedicine:

Question: a. Please provide two years of historical dollar values for the cost of “the upkeep of the telemedicine hardware and software and equipment.”
Answer: Currently telemedicine consists of twelve (12) webcams at a price of approximately $400 each.

Question: b. For each KDOC institution, please provide an inventory of existing telemedicine equipment and peripherals, including equipment make and model; software release/version’ and equipment purchase date.
Answer: Microsoft Livecam HD 5000.

Question: c. Please provide documentation on the “KDOC security and HRSA rules and regulations” to which the separate telemedicine network must adhere.
Answer: ITEC: http://oits.ks.gov/kito/itec/
CJIS: http://www.fbi.gov/about-us/cjis
KCJIS: https://cjisaudit.khp.ks.gov/launchpad/
http://www.hrsa.gov/healthit/index.html
http://www.hrsa.gov/healthit/toolbox/index.html
http://www.hrsa.gov/healthit/toolbox/HIVAIDSCaretoolbox/SecurityAndPrivacyIssues/index.html

Question: d. Please clarify the following requirement: “The Network must meet the needs for high resolution bandwidth on DS3 line level and will include compatible routers.” Is the KDOC requiring the selected Contractor to install a separate telemedicine network

consisting of DS3 lines at each site? This is more than required for a correctional telehealth program, and will add considerable cost to bidders' prices.

Answer: Yes.

5.3.21

Question: Is it the intent of the DOC that the healthcare vendor installs its own network in all the facilities to accommodate the use of Telehealth and the NextGen EMR with a "bridge" between the two to facilitate data transfer, or is the DOC willing to allow the use of their network for these applications?

Answer: Yes, the vendor shall install their own network. No, the KDOC will not allow the use of their network for these applications.

5.3.21

Question: The RFP notes that the contractor is responsible for the cost of regular telephone line service. Is this provided as a bill for KDOC, or does the contractor provide payment to the telecommunications company directly? If KDOC bills the contractor, could you please provide the average monthly cost for the past 12 months of the current contract term?

Answer: The average of all facilities is approximately $162/month for each facility over the last year.

5.4.1

Question: Please confirm that the intention of the RFP is for the medical vendor to open the currently closed half of the Lansing infirmary.

Answer: Confirmed. The twenty-four (24) beds will be utilized as an ADL Unit for maximum security offenders and can be staffed minimally to manage sheltered housing/ADL offenders.

5.4.1

Question: Should staffing proposals include the proposed new infirmary at WCF?

Answer: Yes, it should include staffing for a four (4) bed infirmary. There is already 24/7 nursing on-site.

5.4.1

Question: Will the additional 24 infirmary rooms to be opened at the Lansing facility under the new contract be furnished with beds, bedside tables, oxygen equipment, and other necessary equipment by the KDOC or is the vendor expected to provide these items? What is the timeline for the addition of these infirmary beds? Is the vendor expected to propose staffing for the additional 24 infirmary beds?

Answer: Beds, bedside tables, oxygen, and bedding are already available and on-site. The infirmary is to open on January 1, 2014. The successful bidder is expected to staff it according to standard infirmary needs for a twenty-four (24) bed ADL Unit.

5.4.2

Question: Section 5.4.2 The current contract was decreased by $750,000 last year for expected reimbursements of Medicaid payment for the small percentage of inmates currently covered by Medicaid (pre-expansion). Please confirm the intention of the RFP is for these costs to be included back into the contract since the vendor will now be responsible for reimbursing the KDOC for any payments made by Medicaid?

Answer: The question contains inaccurate assumptions. The $750,000 above represents the rate of reimbursement that KDOC paid to the vendor for contracted hospital rates in previous years. When Medicaid rates were established the $750,000 savings to the state was the difference between the vendor's contracted hospital rate and the Medicaid rate. The RFP is clear with its intention. The $750,000 is irrelevant to the RFP process moving forward.

5.4.2

Question: Section 5.4.2 Please confirm that if Medicaid pays for an offsite inpatient bill that the vendor will be asked to reimburse the KDOC for the amount which Medicaid paid the outside hospital provider?

Answer: Confirmed, reimbursement back to KDOC is required.

5.4.3

Question: In the Oswego ADL Unit: As there is no onsite infirmary, what happens to the elderly as they become more incapacitated and need more intensive skilled care?

Answer: There is a two (2) bed observation room located at Oswego. Infirmary is provided at

EDCF central unit.

5.4.4

Question: Section 5.4.4. Please confirm that this section related to end-of-life is now required at all facilities.

Answer: Section 5.4.4 End-of-Life programming is required at TCF, LCF, HCF, and EDCF. All other facilities may be allowed end-of-life programming at the discretion of the Contractor in collaboration with the warden. End-of-life programming is not specifically required at all facilities.

5.4.4

Question: With whom is the hospice program currently certified? Under which set of standards does the current program operate?

Answer: The program is not certified. However, the KDOC uses the Quality Guidelines for Hospice and End-of-Life Care in Correctional Settings as set by the National Hospice and Palliative Care Organization (NHPCO).

5.4.4

Question: Does accreditation by ACA or NCCHC and meeting compliance of their appropriate standards on end-of-life-care satisfy the requirement in 5.4.4.i: "*End-of-life program is a certified program based on established hospice correctional guidelines."*?

Answer: The vendor must meet the Quality Guidelines for Hospice and End-of-Life Care in Correctional Settings established by NHPCO whenever possible. Any compliance issues that concern the vendor can be negotiated.

5.5.1

Question: Section 5.5.1 This section states the vendor will be allowed to access and use State vehicles with approval. Is it the intention that moving forward approval will be provided for contracted staff to utilize State vehicles?

Answer: This language allows the use of state vehicles by the contracted staff. Currently, policy does not avail to that practice.

5.7

Question: How many offenders are assigned to these county jails statewide?

Answer: Five (5).

Question: In each of the past two years, please indicate the dollar amount the KDOC has deducted from the incumbent inmate health care vendor's payments as a result of the following.

5.7.3 a. Insurance payments to outside providers for treatment of injury/illness to Work Release Offenders

Answer: Zero (0) dollars. KDOC, nor the current vendor, have collected checks or money from any worker's comp case. However, in a small number of cases, worker's comp has paid directly to outside clinical services for offenders injured in a workman's comp situation. KDOC has taken zero (0) dollars from the vendor for reimbursement to date.

5.7.5 b. Insurance payments to outside providers for treatment of injury/illness to Private Prison Industry Offender Employees

Answer: Zero (0) dollars. KDOC, nor the current vendor, have collected checks or money from any private prison industry case.

5.7.6

Question: Please provide a list of all private prisons and county jails housing KDOC inmates along with the associated average daily population.

Answer: Johnson County Jail. Five (5) work release offenders.

5.7.9

Question: Section 5.7.9 states that any amounts covered by private insurance will be reimbursed back to the KDOC by the vendor. Please confirm that the vendor will maintain financial responsibility for patients through reimbursement to KDOC, regardless of insurance coverage?

Answer: Confirmed. KDOC has included these inmates in the health care population count. Therefore, the successful vendor will be paid regardless of insurance coverage. The

KDOC will recoup any funds paid by insurance carries. To date, that has been zero (0) dollars.

5.8

Question: Please provide the following data for each of the KDOC facilities:
d. Total number of patients on medications.

Answer: Approximately 4,252 offenders on non-MH medication and 1,751 offenders on psychotropic medications.

Question: e. Total number of fills per month by facility.

Answer: Refer to Appendix R.

Question: f. Psych fills per month by facility.

Answer: Refer to Appendix R.

5.8.3

Question: Regarding RFP section 5.8.3 "Identification of Pharmacy Cost" (pages 43-44)—Would the KS DOC accept a pricing structure that is based on actual acquisition cost (AAC) plus a dispensing fee per prescription instead of a structure that requires a discount to wholesale acquisition cost (WAC) or acquisition (average) wholesale price (AWP)? If not, comparing discount-to-WAC bids from discount-to-AWP bids could prove challenging as the comparison would not be "apples-to-apples." If an AAC-plus-dispensing fee format is not acceptable, what pricing methodology would the KS DOC prefer—discount-to-WAC or a discount–to-AWP?

Answer: All vendors are required to provide a comprehensive bid rate as described in the RFP. The vendor may also provide alternative pricing structures that demonstrate savings.

5.8.4

Question: Please confirm that the KS DOC has withdrawn RFP section 5.8.4 "Pharmacy Alternative" (page 44), as was mentioned during the pre-proposal conference and facility tours. We could not find any reference to an official redaction in the addendum.

Answer: 5.8.4 is redacted and no longer part of the RFP.

5.8.5

Question: The DOC is requesting the cost proposal format for pharmacy services to be comprehensive on a per offender basis. Our experience in the correctional pharmacy industry has proven that this type of pricing model is more costly than a cost-plus-dispensing fee model. Under a comprehensive format, all vendors must project pharmacy costs and build in a percentage increase over the projected cost, which results in a higher overall bid rate to the DOC versus paying only for medications utilized. If the vendor bids too low, they will ask the DOC for a future increase; conversely, if they bid too high, the DOC will pay more than they should. With a cost-plus structure, bidders can pinpoint their costs and profit in the dispensing fee while offering you the most competitive rate. Through increased pharmacy efficiency, formulary management, savings on new lower cost generic medication, and technological innovations, vendors should be expected to decrease utilization and subsequent medication costs, which are not passed on to the DOC in a comprehensive bid structure. If the DOC pays a locked-in monthly comprehensive bid rate on pharmacy services, then the awarded vendor, *not the DOC*, will be the true winner when actual costs are lowered. A model that is based on the medications' actual acquisition cost (AAC) plus a dispensing fee per prescription will greatly decrease costs and result in a better fiscal model for the DOC, while the vendor is paid only for services rendered. All utilization is completely transparent and costs are not hidden or inflated, as with a comprehensive bid rate. Lastly, a comprehensive bid structure prevents a competitive bid process, as a pharmacy vendor would not be able to participate and provide a comprehensive rate, as the pharmacy vendor would not have much control over the medications written by the yet-to-be-determined medical service provider and the pharmacy vendor would be exposed to tremendous cost liability/risk. Based on the issues presented, would the DOC consider a cost-plus-dispensing fee price structure instead of a comprehensive per offender bid rate for the pharmacy services component of the RFP?

Answer: All vendors are required to provide a comprehensive bid rate as described in the RFP. The vendor may also provide alternative pricing structures that demonstrate savings.

5.8.5

Question: Regarding backup pharmacy utilization, typical practice in the correctional pharmacy industry is billing backup pharmacy costs and courier charges as pass-through costs so the DOC pays only for services provided. If backup costs are to be covered by the vendor, all vendors will have to project backup costs, and therefore the DOC will likely pay a premium for services that may not be received. Additionally, from a pharmacy perspective, having to assume backup costs for medications written by a medical vendor's providers (who are yet-to-be-determined) causes additional liability/risk as the pharmacy vendor would have no means of controlling these costs. Would the DOC consider allowing backup/courier costs to be submitted as pass-through charges without additional markup?

Answer: All vendors are required to provide a comprehensive bid rate as described in the RFP. The vendor may also provide alternative pricing structures that demonstrate savings.

5.8.5

Question: In general, approximately 90-95% of medication costs are related to the actual acquisition costs (AAC) of the medications while the balance is related to the dispensing fees or management fees. As the AAC of the medications vary among pharmacy providers, we are asking that you provide a price list of the top 100 medications and the quantities of each dispensed (not orders) in 2012, which the bidders can use to price (based on AAC) so the DOC can compare medication costs between competing pharmacy vendors in an "apples-to-apples" manner?

Answer: A copy of the top 100 medications and the quantities of each dispensed in 2012 is provided in Appendix R.

5.8.5

Question: The schedule for carve outs for alternative pricing does not provide how the schedule be completed – is this computed on a per offender per day basis, total annual cost basis, or some other methodology?

Answer: Carve-outs are comprehensive, all-inclusive pricing on a cost per-inmate-per-day basis and then annualized.

5.8.5

Question: Almost universally, correctional pharmacy contracts that are separate from medical/mental health services include reimbursement for the cost of pharmaceuticals plus a fee (per prescription or per inmate) to cover the administrative costs to deliver medications. Could the State clarify the RFP to include how reimbursement will be conducted? Are additional schedules to delineate actual drug costs to be submitted with our proposals?

Answer: Carve-outs are comprehensive, all-inclusive pricing on a cost per-inmate-per-day basis and then annualized. The bidders are allowed through the alternative pricing to describe and recommend alternative pricing and structure.

5.8.5

Question: Regarding RFP sections 4.9 "Performance Guaranty" and 4.10 "Performance Bond" (page 25)—Please confirm that the security bond for a pharmacy services-only proposal would be in the amount of $250,000 versus $1,000,000 and $2,000,000 as listed.

Answer: KDOC confirms that the pharmacy carve-out would be a $250,000 bond amount in lieu of a $1,000,000 Performance Guaranty and a $2,000,000 Performance Bond. This is applicable to all carve-outs including behavioral health and electronic health records.

5.9.1

Question: Is a hopelessness scale used at reception (e. g. Beck Hopelessness Scale) to assess for suicidality? Depression?

Answer: No, not currently.

5.9.1

Question: For each of the following categories, please indicate what (if any) the KDOC's requirements are with regard to the type of instrument to be used.

a. Screening instrument to determine Severe and Persistent Mental Illness (SPMI)
b. Screening instrument to determine Severely Emotionally Disturbed (SED) offenders
c. Screening instrument for adult and juvenile sex offenders
d. Screening instrument for traumatic brain injury
e. The testing materials, scoring tools, and educational materials referenced in RFP §5.9.4

Answer: We would request that the bidder identify appropriate screening tools for a. through e.

5.9.1

Question: At the pre-bid conference/site tours, mental health personnel used the terms "SPMI" and "SMI." However we do not see these acronyms in the RFP. Rather, the RFP uses the terms "SPMI" and "SED." Please clarify the following.

Question: a. Does the KDOC use the terms "SMI" and "SED" interchangeably?
Answer: Yes, the terms "SMI" and "SED" can be used interchangeably when referencing adults and youth. (Federal Register: Volume 58, Number 96. Pages 29422-29425).

Question: b. Please provide the KDOC's definition/classification criteria for each of the following terms: "SPMI," "SMI," and "SED."
Answer: Serious and Persistent Mental Illness (SPMI) – see Appendix S.
Serious Mental Illness (SMI) – Adults with a serious mental illness are defined as persons 18 years and older who, at any time during a given year, had a diagnosable mental, behavioral, or emotional disorder and resulted in functional impairment which substantially interferes with or limits one or more major life activities.

Serious Emotional Disturbance (SED) – From birth up to age 18, who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration that resulted in functional impairment, which substantially interferes with or limits the child's role or functioning in family, school, or community activities.

Question: c. On average, how many inmates are in each of these categories?
Answer: SPMI: 300
SMI: 1,900
SED: 100

5.9.2

Question: With regard to the internship program referenced in RFP § 5.9.2 Student Interns and Recruitment process for RDU:

Question: a. Does this program currently exist?
Answer: Yes.

Question: b. If "yes," how many interns are involved?
Answer: Two (2).

Question: c. What is the average term of an internship?
Answer: Two (2) semesters.

Question: d. How much are the interns paid?
Answer: 0-$1,000 per month.

Question: e. What position supervises the interns?
Answer: Ph.D. or LCP

Question: f. For what tasks are the interns responsible
Answer: RDU reports and other intake tasks

Question: g. Please describe the process used to select the interns.
Answer: The contractor works with the universities to establish students appropriate to work in the RDU process.

5.9.4

Question: Please provide two years' of historical cost data on the amount spent on the RDU testing materials, scoring tools, and educational materials referenced in RFP §5.9.4.
Answer: This is proprietary. However, the KDOC has budgeted in the current KDOC/CCS contract $80,000 per year for educational materials through the RDU process.

5.9.6

Question: Section 5.9.6 Is the State asking for a minimum of 1.0 FTE Psychiatrist per reception sites (totally a minimum of 3 new FTE's) or just a minimum of 1.0 new FTE overseeing all three RDU's?
Answer: The 1.0 FTE is currently at EDCF-RDU. This position will be responsible for the RDU process statewide. We do not see this as a necessary increase in staffing.

5.10

Question: What types of psychometric tools (if any) will the KDOC make available at the facilities (including at the Reception and Diagnostic Unit) for use by the incoming vendor?
Answer: Currently we are using, for most adult offenders, the GAMA and the Personality Assessment Inventory (PAI) and other assessments conducted as necessary. The vendor should provide us with any further evaluation tools they believe will assist the KDOC with performing intake assessments.

5.10

Question: On a similar note, at the pre-bid conference/site tours, mental health personnel used the terms "MH-3," "MH-4," etc.; as well as the term "crisis level." However we only see the terms "Classifications" (Row 15) and "Crisis Level Placements" (Row 23) in RFP Appendix L. Please provide the following information on these terms.

Question: a. Do the "Classifications" in Row 15 refer to an inmate's (a) medical or (b) mental health status?
Answer: Medical status

Question: b. Are the "Classifications" in Row 15 and the "MH-3" and "MH-4" terms referring to the same thing? If not, what is the difference?
Answer: No, the Classifications in Row 15 refer to Medical Classifications. MH-3 and MH-4 are mental health classifications relating to Transient Mental Health Disorders and Serious Mental Disorders. Behavioral health statistics are located on page 5 and 6 of the HSR report.

Question: c. We do not see any rows labeled "MH-1, 2, 3" etc. in RFP Appendix L. Please provide data on how many inmates are in each of these "MH" levels.
Answer: Mental Health Disorders Definitions & break-out

i. MH Level 1: 5,828 (Stable population – no medication/treatment indicated)
ii. MH Level 2: 1,325 (Stable – may periodically require mental health treatment for non-chronic conditions)
iii. MH Level 3: 902 (May have moderate to significant mental health problems and are taking psychotropic medication)
iv. MH Level 4: 803 (Require regular monitoring/treatment by mental health)
v. MH Level 5/6: 426 (Designated severe and persistent mentally ill, developmentally disabled, or require intensive clinical services).

Question: d. How many of these "MH" levels are there?
Answer: Please see Answer to c. above

Question: e. Please provide the KDOC's definition/classification criteria for each level.
Answer: Please see Answer to c. above

5.10

Question: The appendix released does not include any staffing levels for substance abuse and sex offender programming. Could the State provide the current staffing levels for these services, as well as the current cost of the services?

Answer: Substance abuse and sex offender programming services are only required for the juvenile system at LJCF and KJCC. The recommended staffing levels are in Appendix I.

5.10.01

Question: For pricing the Behavior Health breakout, please confirm that the costs associated with psychotropic medications, prescribed by the Behavior Health Practitioners, should be included in the Behavior Health pricing.

Answer: No. Pharmaceuticals are not included in the Behavioral Health pricing.

5.10.01

Question: If Behavioral Health is awarded separately, who has financial responsibility for Behavioral Mental Health medications?

Answer: The successful pharmacy vendor.

5.10.01

Question: If the medical and mental health portions of this RFP are awarded to separate vendors, will the mental health vendor be responsible for cost of the laboratory studies necessary to properly monitor mental health patients and their psychotropic medications?

Answer: No, the health care vendor would be responsible for the cost of laboratory studies.

5.10.01

Question: If the medical and mental health portions of this RFP are awarded to separate vendors, will the mental health vendor be responsible for the labor costs associated with drawing blood for laboratory studies?

Answer: No.

5.10.01

Question: If the medical and mental health portions of this RFP are awarded to separate vendors, will the mental health vendor be responsible for the labor costs associated with obtaining electrocardiograms, taking off psychiatrist orders, administering forced medications, and monitoring patient compliance associated with a psychotropic medication program?

Answer: No.

5.10.01

Question: If the medical and mental health portions of this RFP are awarded to separate vendors, will the mental health vendor be responsible for providing the necessary psychiatric, QMHP, and nursing staff necessary for operating an after business hours on-call system for psychiatric emergencies?

Answer: Yes. The behavioral health vendor will be responsible for providing the psychiatric and BHP staff necessary to operate an after-hours on-call system for psychiatric emergencies. All successful vendors will be required to work together to provide seamless care.

5.10.01

Question: If the medical staff and mental health portions of this RFP are awarded to separate vendors, will the mental health vendor be responsible for providing psychiatric, QMHP, and nursing staff necessary to conduct after business hour mental health examinations for inmates arriving at intake facilities after normal business hours?

Answer: The behavioral health vendor will be responsible to provide psychiatric and qualified behavioral health professional staffing necessary to consult with on-site staff or respond to the site in an after-hours emergency for disposition decisions. The behavioral-health-trained nursing staff will conduct the initial receiving screening for non-emergent admissions.

5.10.1

Question: Are the masters-level clinicians supervised by a doctoral-level psychologist?

Answer: The masters-level clinicians are all supervised by a masters-level clinician that is licensed to practice independently in accordance with the BSRB regulations, or, a Ph.D., Psy.D., or a psychiatrist.

5.10.1

Question: Do any of the Oswego mental health staff have any specialized training/background in treating a geriatric population? What do the therapeutic/recreational activities consist of?

Answer: The Oswego Unit is new and positions have not been fully developed in requiring training in geriatrics. The bidder will need to ensure that Behavioral Health Professionals are trained in this area of geriatric specialization. The successful bidder will create and utilize best practice techniques addressing the needs of the geriatric population.

5.10.1

Question: What sex offender treatment is presently being used and where is the majority of it being conducted? Is the approach manualized/evidence-based? Are the clinicians specially trained to conduct sex offender treatment? are most of the interventions done in group or individual formats?

Answer: As noted in the RFP, sex offender treatment will only be conducted at the juvenile facilities at KJCC and LJCF as part of this contract.

5.10.1

Question: Section 5.10.1 (l) Please confirm WCF was intended to be included on this list for specialized programs?

Answer: We have included WCF for minimum security geriatric service needs.

5.10.1

Question: Please confirm that sex offender services for adult inmates are excluded from the scope of the RFP.

Answer: At all eight (8) adult facilities sex offender services are not required. However, it is required on all offenders regardless of age housed at KJCC and LJCF who meet the need for the program.

5.10.1

Question: Does the KDOC find the current mental health staffing complement to be sufficient to meet all of the requirements of the RFP?

Answer: The suggested behavioral health staffing plan, Appendix I, is reflective of what KDOC would encourage vendors to evaluate for behavioral health program needs. We would expect the bidder to demonstrate their expertise by developing a behavioral health staffing plan compatible to the KDOC health system that is evidence based and addresses risk reduction while being mindful of cost saving measures.

5.10.1

Question: What is the average daily census of each mental health treatment program?

Answer: Refer to Appendix K.

5.10.1

Question: What (if any) licensing requirements does each mental health program operate under? Please provide the renewal date for each required license.

Answer: Program licensure is not necessary in this state.

5.10.1

Question: Are psychiatric advanced practice nurses used (a) in addition to; or (b) in lieu of; psychiatrists?

Answer: In addition to.

5.10.1

Question: How often are psychiatrists or psychiatric ARNPs required to see each patient?

Answer: As clinically indicated and as required by NCCHC and ACA standards.

5.10.1

Question: Does the KDOC utilize psychiatric RNs to help deliver mental health services to the inmate population?

Answer: Yes.

5.10.1

Question: Please indicate what tasks (scope of work) are performed by:

Question: a. Masters-level behavioral health staff

Answer: Responsible to provide direct clinical and consultation services; report to the Behavioral Health Coordinator/Clinical Director at that institution; individual and group psychotherapy/counseling to inmates with the goals of reducing maladaptive behavior

and fostering effective psychological functioning; crisis intervention services to offenders as referred by institutional and medical staff or to self-referred offenders; segregation rounds; personality, intellectual and other such testing may be administered, interpreted; consultation services as on institutional screening committees and multi-disciplinary teams to include, but not limited to, Initial Classification Boards and Segregation Review Boards; provides training in human behavior and/or behavioral health issues to institutional staff in accordance with the institution's training program; completion of documentation in the behavioral health file of individual offender's treatment progress in progress notes and of the treatment goals, objectives, and interventions in the individual treatment plan; consultation with institutional psychiatric staff; participates in clinical on-call rotation; participation in the Quality Improvement program; other duties or projects as assigned by the Behavioral Health Coordinator/Clinical Director.

Question: b. Doctorate-level behavioral health staff

Answer: Oversight of Clinical Services, including on-site coordination of psychiatric services and coordinates on-call behavioral health consultation services; serves as a member of the clinical on-call rotation; reviews behavioral health referrals and assigns to an appropriate behavioral health professional. Reviews psychiatry appointments for referrals, review incoming/outgoing transfers for disposition; recommends transfers of offenders to a higher level of care and prepares transfer summaries to behavioral health units; Prepares significant event reviews and facilitates quality improvement program reviews. Oversees behavioral health classifications and treatment planning for site offenders. Assigns specific duties and clinical responsibilities to behavioral health clinical staff; provides oversight of clinical documentation in the mental health record; provides in-service training to staff on aspects of documentation of behavioral health care. Provides statistical information relative to behavioral health services. Provides clinical supervision and direction to behavioral health professionals. Maintains open communication with institutional administrative, security, medical, and support staff to facilitate operation of behavioral health services and resolution of problems. Facilitates staff meetings. Provides direct clinical service duties on a limited basis. These duties may include but are not limited to individual and group psychotherapy, psychological testing, and crisis intervention. Provides training in human behavior, suicide prevention program and/or other behavioral health issues to institutional staff in accordance with the institution's training program.

5.10.3

Question: With regard to RFP §5.10.3, for each of the past three years, please provide the number of parole, post-release, and conditional violators who underwent behavioral health assessments upon return to a facility.

Answer: All offenders are required to have a mental health assessment upon return to a facility. This is approximately 1,080 offenders statewide each year for the last three (3) years.

5.10.3.3

Question: How many juvenile <u>males</u> have received (a) sex offender; and (b) substance abuse treatment in each of the past two years?

Answer: (a) In 2011 there were 35 and in 2012 there were 50
(b) In 2011 there were 48 and in 2012 there were 95

5.10.3.3

Question: How many juvenile <u>females</u> have received (a) sex offender; and (b) substance abuse treatment in each of the past two years?

Answer: (a) In 2011 there were 2 and in 2012 there were 6
(b) In 2011 there were 8 and in 2012 there were 9

5.10.4

Question: Does KDOC support the use of Emergency Treatment Orders (I.e. chemical restraints) for inmates who are experiencing active a/v hallucinations, extreme agitation, homicidal/ suicidal ideations, etc.?

Answer: Yes, as a last resort for short durations.

5.10.6

Question: Please provide the following information and/or KDOC minimum requirements regarding segregated inmates.

Question: a. On average, how many inmates are housed in segregation?

Answer: 571 offenders not including behavioral health unit placements such as LCMHF.

Question: b. How frequently are segregation mental health rounds performed?

Answer: Daily at LCF, TCF, LCMHF, HCF, EDCF, KJCC, LJCF and weekly for all other sites.

Question: c. What staff position completes mental health rounds in the segregation units?

Answer: Masters level psychologists and social workers.

Question: d. What group programming is offered to segregated inmates?

Answer: The vendor should demonstrate what programs they would expect to see for segregated inmates.

Question: e. With what frequency is group programming provided to segregated inmates?

Answer: This should be determined and outlined as part of the proposal for groups in segregation. It should be at least one (1) to two (2) times per week depending on the group.

Question: f. What other minimum requirements (other than accreditation standards) does the KDOC have with regard to mental health treatment for segregated inmates?

Answer: KDOC is committed in their mission to ensure that mentally ill inmates are not housed in segregation whenever possible. Those inmates that are in segregation who require behavioral health treatment receive that treatment regardless of the segregation status.

5.10.6

Question: In each of the past two years, how many attempted suicides have occurred among the KDOC inmate population?

Answer: 27 for 2012 and 23 for 2011.

5.10.6

Question: What staff position monitors inmates on suicide watch?

Answer: KDOC officers.

5.10.7

Question: What groups are currently being conducted at each site? What types of group materials are being used, any evidenced-based treatments?

Answer: A sample of behavioral health groups is attached in Appendix Q.

5.10.7

Question: Describe what mental health groups would look like at Hutchinson, particularly in Seg units.

Answer: Appendix Q shows the current list of behavioral health groups provided. The bidder will design and utilize techniques best suited for the segregation population to ensure both individual and group therapy is provided when necessary to all segregation inmates.

5.10.7

Question: Is there a particular model being used to treat dually diagnosed inmates?

Answer: Currently “Seeking Safety” is being used to provide services for dually diagnosed offenders. We would expect the dual diagnosis program to be further developed.

5.10.7

Question: What is the minimum weekly number of group contacts/programming contacts the KDOC requires for each mental health grade/classification level?

Answer: The vendor shall describe all necessary group levels outlined weekly in their proposal. The successful bidder and KDOC will agree on appropriate number of groups each week.

5.10.7

Question: With regard to the group programming data provided in RFP Appendix J:

Question: a. Please indicate the frequency of each group, e.g., weekly, monthly, etc.
Answer: Weekly.

Question: b. In what time period must each group be completed?
Answer: Weekly.

Question: c. Please provide the minimum number, frequency, and timeframes for group programming for the Topeka and Lansing facilities.
Answer: The current group number, frequency, and timeframe for TCF is 5 groups per week and at LCF it is 10 groups per week with each group meeting at least once per week at both facilities.

5.10.8
Question: What percentage of Oswego inmates are currently on psychotropic medications? How frequently do they see a psychiatrist; is it all via tele psych?
Answer: Eight (8) percent of inmates are on psychotropic medication (15 actual inmates). Telepsychiatry is the psychiatric treatment model.

5.10.8
Question: What is KDOC's stance on sleep medications?
Answer: There is no policy, per se, on the use of sleep medications. If sleep problems are the only symptom presented, alternative methods of treatment are expected to be attempted first. For example; sleep hygiene education and relaxation skills.

5.10.10
Question: The location of the Tru 2 unit has been mentioned at different facilities, should we assume it will be within Lansing?
Answer: Assume this will be at LCF or HCF, therefore a plan for either is suggested.

5.10.10
Question: With regard to the 160-bed TRU-II at LCF referenced in RFP § 5.10.10 Special Housing:

Question: a. What is the timeframe for the opening of this unit?
Answer: January 1,2014.

Question: b. Does the KDOC want bidders to include staffing and associated costs for the TRU-II in their proposals?
Answer: Yes. However, the current vendor is caring for these same inmates now throughout the system. Centers of Excellence should demonstrate some savings in staff at other facilities.

5.10.10
Question: Where will the additional 160-bed Treatment Reintegration Unit (TRU) be located? The RFP indicated Lansing but another site as a possibility was mentioned during the pre-bid tours.
Answer: Assume this will be at LCF or HCF, therefore a plan for either is suggested.

5.10.10
Question: What is the anticipated start date for this additional TRU?
Answer: January 1, 2014.

5.10.10
Question: What clinical programming and staffing levels are required for this additional TRU?
Answer: The vendor should provide the service and staffing model as appropriate to the clinical need. For reference, view Appendix J (LCMHF) and Appendix I (LCF).

5.10.10
Question: What specific population of inmates is being targeting for participation in the additional TRU; what is the referral process?
Answer: Offenders in general population who will benefit from additional support, treatment, or structure. The vendor will participate in the development of placement criteria.

5.11
Question: How many offenders released in the last 12 months required the 90 day post-release

monitoring by the health care release managers?

Answer: Four (4) offenders at LCF; two (2) offenders at TCF; two (2) offenders at LCMHF; three (3) offenders at EDCF were assisted with 90 day post-release services either by state or contractor's discharge planners.

5.11

Question: Please provide a description of what the KDOC would consider "appropriate qualifications" for a discharge planner.

Answer: A bachelor's level trained individual in the behavioral or social sciences field.

5.11.1

Question: Section 5.11.1 discusses assistance "inclusive of transportation", is the intent for the vendor to handle the transportation of these offenders or simply arrangement of transportation?

Answer: The transfer would require the vendor to be responsible for the actual transportation costs when travelling by ambulance or other medical transport.

5.11.1

Question: In each of the past two years, how many offenders were assessed for eligibility for release due to functional incapacitation?

Answer: There were twelve (12) in 2011 and nine (9) in 2012 assessed. All of these were not released. Only three (3) to four (4) were actually released.

5.11.2

Question: Are Offenders nine months or less from leaving KDOC placed in a transitional housing unit so that training may be grouped together in some cases or are the offenders still housed in various units throughout the facility?

Answer: They are housed in various units throughout the facilities.

5.11.3

Question: Please confirm that although inmates housed at Larned State Hospital are not included in the ADP counts and although they are being treated by outside providers, the financial responsibility for providing them discharge medications is the responsibility of the vendor?

Answer: Purchase of medications for offenders from Larned State Security Hospital are only necessary under this contract for offenders paroling to non-institutionalized service models. This occurs approximately one (1) offender per month at an average cost of $300 per month.

5.13.4

Question: We appreciate the KDOC providing the June 2013 KDOC/CCS Health Service Master Report for July 2011 through June 2012, along with a Monthly Data Report "by facility" for June 2012.

Question: a. So that bidders can accurately identify health care trends, can the KDOC please also provide the KDOC/CCS Health Service Master Report for July 2010 through June 2011?

Answer: Refer to Appendix U and Appendix V.

Question: b. In addition, since bidders are required to price the contract by facility, can the KDOC please provide two years of the Monthly Data Report "by facility" for July 2010 through June 2012?

Answer: Refer to Appendix U and Appendix V.

5.13.8

Question: RFP §5.13.8 Equipment and Supplies states that "The Contractor shall be responsible for the purchase or lease of all copy machines and other office equipment necessary to perform routine administrative functions. The health care equipment fund, as described in 5.13.9, shall not be utilized for these services." Are PCs, printers, and scanners eligible for purchase under the health care equipment fund?

Answer: No.

5.13.8

Question: What are the brand, model, and specifications of the x-ray equipment at the Lansing maximum security medical unit?
Answer: Please refer to Appendix W.

5.13.8
Question: What are the brand, model, and specifications of all of the ophthalmology equipment available at the Lansing maximum security medical unit?
Answer: The equipment is a Bausch and Lomb CAT No. 71-40-01 Serial #00515.

5.13.8
Question: Which sites have visual field testing equipment located in their optometry suites?
Answer: LCF, TCF, HCF, ECF, NCF, and EDCF. KDOC will expect this at all ten (10) sites.

5.13.8
Question: The room designated Audiology at the new maximum security medical unit had been changed into an office by the current staff. There was no audiology equipment present. The tour did not show where that equipment was moved. What audiology equipment is available at the Lansing maximum security medical unit and what are the equipment specifications?
Answer: The room is still available for audiology. The current equipment used by the vendor at each site, including Lansing, is a Welch Allyn Audioscope Set. If the bidder believes other equipment is necessary they should include it as such in their proposal.

5.14
Question: What is the KDOC's plan for migration of dental records currently housed in the home grown system? Are there any anticipated costs that will be passed onto the next vendor?
Answer: No. The vendor will outline a migration plan. KDOC agrees it would be appropriate to archive the old dental system.

5.14.1
Question: In the first round of questions and answers it was stated (5.14) that the KDOC owns all Nextgen software licenses. Please confirm the accuracy of this statement as our understanding is that CCS owns all of the Nextgen licensing currently.
Answer: As a work product, technically, CCS has the contract with NextGen. Currently KDOC and the vendor share responsibility of all EHR systems. The vendor should focus on the response confirming that while KDOC will own the EHR, hardware, software and licensing when appropriate and applicable by law, the vendor is still responsible to pay for all hardware, software, and licensing regardless of ownership.

5.14.1
Question: 5.14.1
Q: Who will be responsible for binding of the new interface to the juvenile OMIS (JJIS)?
A: The vendor
Follow up question: Does that include both ends of the interface, the DOC side and the EMR side? If so, what is the estimated cost of the DOC side? Please provide the name and contact for the JJIS system vendor.
Answer: The requirement is for the EHR side only. This is a joint project between KDOC and the successful vendor. The details will be worked out during the negotiation phase. The KDOC IT Director is also responsible for the JJA system.

5.14.1
Question: With regard to RFP § 5.14.1 Electronic Health Records System, please provide the following information.

Question: a. Please provide the distribution of PCs, thin clients, printers, and copiers deployed at the 10 KDOC sites.
Answer: Refer to Appendix T.

Question: b. Please provide the annual software license and maintenance cost for the NextGen EMR.

Answer: The actual expenditures are proprietary information. However, KDOC budgets $198,000 annually and pays for the licensing through the current contract. Currently, KDOC budgets for 60 licenses.

Question: c. Please confirm that the existing server, SAN, and appliance equipment currently in place will be available for the use of the incoming vendor when the new contract starts.

Answer: Yes.

Question: d. Is the Contractor responsible for any hosting/maintenance cost of the servers, SAN, and/or appliance equipment located in the state data center? If so, please provide the annual cost that the Contractor is responsible for.

Answer: The costs associated with the five (5) FTE staff in the RFP manage the IT Department. KDOC is responsible for all power and equipment located in the State Data Center. EHR/telemedicine equipment is the vendor's responsibility.

5.14.1

Question: Please provide the current storage size of the EMC SAN used for the NextGen platform.

Answer: 16-18 Terabytes.

5.14.1

Question: Is the currently defined 350 Dell/HP units, printers and copiers, all leased from the State by the current vendor? If so, please provide the costs the next vendor will incur by leasing this equipment from the State.

Answer: The vendor leases the printer/copier/scanner. Please refer to Appendix T.

5.14.1

Question: Please provide the exact make and model of the X-Ray unit in use at Lansing Prison.

Answer: Please refer to Appendix W.

5.14.1

Question: Are the current 5 FTE positions outlined for the support of the NextGen EMR currently KDOC employees or are they employed by the current health care services vendor?

Answer: Currently they are employed by the vendor.

5.14.1

Question: Please confirm that all vendors are to supply costs to expand the capabilities of the NextGen EMR as described in the NextGen Upgrade Plan section.

Answer: Confirmed.

5.14.1

Question: Are the number of computers needed for the Juvenile facilities for the NextGen system included in the 350 count provided by the KDOC? If not, please estimate the number of computers needed for the Juvenile facilities.

Answer: No, refer to Appendix T.

5.14.1

Question: Please confirm that should the vendor choose to add wireless access points to facility locations, the health care VLAN that the KDOC has offered to create will allow traffic for these access points.

Answer: Confirmed.

5.14.1

Question: Regarding the requirement for no access outside of the boundaries of Kansas for any EHR or OMIS which also includes hardware, software, or work product – Is this meant to mean storage of records or no truly or no availability of information for instance, oversight of work flows or patents by corporate office outside the state. For instance, payment of medical claims, review of offsite appointments, and management of medication formulary be approved? Would this requirement preclude the ability to transmit medication and lab orders outside of the state?

Answer: No access out of the boundaries of Kansas includes hardware, software, and work product. The Health Information Technology Committee will determine when work

product could be managed out-of-state and still stay within the compliance of the security regulations required by the KDOC.

5.14.1

Question: With regard to the same section: no access outside of the boundaries of Kansas for any EHR or OMIS which also includes hardware, software, or work product – would this apply and restrict the hosting of the EMR system or EMR data outside of the physical boundaries of the State of Kansas?

Answer: Yes.

5.14.1

Question: Regarding the "NextGen Upgrade Plan" is "EHR Certification" requirement meant to be interpreted as CMS Meaningful Use Certification?

Answer: Yes.

5.14.1

Question: What are the current costs of the NexGen support agreement?

Answer: The costs and agreements themselves and other support agreements are proprietary information.

5.14.2

Question: Is the pricing for the carve-out design option required to follow the pricing models on pages 4-9 of the RFP?

Answer: The carve-outs are to follow the same format unless otherwise described.

5.14.2

Question: Are there any specific functionality requirements of the "carve-out" EHR design such as electronic medication ordering, eMar, OMIS integration requirements? Do all the features outlined in 5.14.1 apply to the carve-out in 5.14.1?

Answer: KDOC expects a full comprehensive and complete EHR system that is paperless and provides the most current, updated software available. The features outlined in 5.14.1 do apply to the carve-out in 5.14.2.

5.14.2

Question: Do the staffing requirements outlined in 5.14.1 apply to 5.14.2?

Answer: Yes.

5.14.2

Question: Is the intent that 5.14.2 proposals meet or exceed the current functionality provided in 5.14.1?

Answer: Yes.

5.14.2 a. Is there a requirement for a Disaster Recovery Site or Backup Datacenter for the EMR system? If so, what are the specific requirements regarding capabilities, location, network and power?

Answer: Yes. There is a designated location local to the current system. The power is provided by KDOC. The bidder is required to submit a proposal for specifics regarding capabilities and network. The cost of the disaster recovery system is included in the current KDOC/CCS contract. The system is currently not functioning due to a KDOC requirement that the disaster recovery site must be relocated. However, it is expected to be fully functional by December 31, 2013. KDOC would appreciate any proposals on proper implementation and functionality moving forward.

5.14.3

Question: Please explain the different requirements and scope of the EMR Committee outlined in 5.14 and the HIT committee in 5.14.3.

Answer: The EMR Committee is the same as the HIT committee.

5.14.3

Question: 5.14.3
Please describe the responsibilities and scope of the HIT Committee.

Answer: The HIT Committee has full authority over all HIT functions and will be chaired by the KDOC IT Director, the Director of Healthcare Services, and their designees.

5.14.3

Question: Please describe the duties, responsibilities and the required staffing of the following:

- HIT Administrator

- HIT Supervisor(s)
- HIT Assistant(s)

Answer: This is primarily a repository function and the HIT Administrator is responsible for oversight of all HIT Supervisors. The HIT Supervisors are site specific supervisors in the health record section. The HIT Assistants are assistants that work within the health records sections of the facilities.

5.14.3

Question: Are there any requirements for certain medical records to remain on paper if the same record is in the EHR?

Answer: No.

5.14.3

Question: What are the required duties and skill levels for the Accredited Health Information Technologist?

Answer: It requires a bachelor's level or an associate's degree with a certification from the American Health Information Management Association or equivalent years of experience in ROI and HIT.

5.14.4

Question: Is the State referring to the storage of film x-rays or electronic x-rays such as those used in a PACS system? The paragraph seems to be contradictory in that is states the contractor shall be responsible for costs associated with storage, then states storage space, transportation, archiving, is at no cost to the contractor.

Answer: The KDOC is referring to old film x-rays. However, these are being eliminated throughout the system in the next twenty-four (24) months while transitioning to a digital system. The KDOC will be responsible for the cost of storage, transportation, and archiving at no cost to the successful bidder for all hard chart x-ray and all hard chart discharged records stored at the TCF Repository only.

5.15.2

Question: Is regular suicide prevention training conducted across the board?

Answer: Yes, at all KDOC sites.

5.15.2

Question: With regard to mental training the vendor is required to provide:

Question: a. What audiences is the vendor required to educate, e.g., clinical staff, inmates, custody staff, etc.?

Answer: Clinic staff, custody staff and offenders when appropriate.

Question: b. What (if any) specific topics does the KDOC require the vendor to address?

Answer: Training as outlined in section 5.15.2 a through m.

Question: c. What frequency of training sessions does the KDOC require the vendor to offer?

Answer: Basic training, annual training, and monthly healthcare staff training.

5.15.3

Question: What is the vendor's responsibility for nursing school educational costs within the KDOC system?

Answer: The vendor is required to pay $88,880 per year for continuing education of nursing students rotating within the KDOC system. The funding is provided to reimburse the educational centers for the APRN position that is the primary educator for this program. This is not included in the current $100,000 required in section 5.15.3 of the RFP.

5.16

Question: Are all the FTE's necessary for providing healthcare in the KDOC supplied by vendor

employees or are agency employees utilized to provide nursing and physician services?

Answer: KDOC does not use agency employees and we discourage that practice by the vendor. There is no agency staff in our system that we are aware of.

5.16

Question: Please provide clarification on the following topics relating to RFP Appendix I (Mental Health Staffing):

Question: a. Does the title "Release PL/Occupat" refer to one position or two positions?
Answer: One (1) position.

Question: b. What is the full, correct title of this position(s)?
Answer: Release planner and/or Occupational Therapist

Question: c. What level of (a) education; and (b) licensure; is required for the "Release PL/Occupat"?
Answer: Bachelor's degree in a social science field.

Question: d. Please provide a job description for the "Release PL/Occupat."
Answer: These are standard job duties for Release Planners you would find in any other state.

Question: e. What is the full, correct title of the position labeled "OA"?
Answer: Office Assistant.

Question: f. What level of (a) education; and (b) licensure; is required for the "OA"?
Answer: High school diploma/GED.

Question: g. Please provide a job description for the "OA."
Answer: These are standard job duties for Office Assistants you would find in any other state.

Question: h. What is the full, correct title of the position labeled "AT DIR"?
Answer: Activity Director.

Question: i. What level of (a) education; and (b) licensure; is required for the "AT DIR"?
Answer: Associate's degree in a related field.

Question: j. Please provide a job description for the "AT DIR."
Answer: These are standard job duties for Activity Therapists you would find in any other state with supervisory responsibilities.

Question: k. Please provide required minimum hours for the "AT DIR."
Answer: 1.0 FTE.

5.16

Question: In the current MH Staffing Plan there is a position titled OA. Does OA stand for Office Assistant?

Answer: Yes.

5.16

Question: Regarding current staffing in the Juvenile Facilities (KJCC and LJCF) please describe the administrative responsibilities of the vendor to include how disciplinary procedures are handled or administered.

Answer: The Contractor shall be responsible for the supervision of all staff providing services under the health care contract regardless of their employment status. KDOC is responsible for assisting with the process of supervision to ensure that the vendor understands the state's rules on supervising state staff. Penalties assessed due to the lack of performance are the responsibility of the vendor. The vendor has full supervisory authority over the employees within the guidelines of the state civil service system.

Therefore, they maintain full responsibility of contract performance. Any disputes will be managed and decided by the Director of Health Care Services office.

5.16

Question: During the tour at Larned Correctional MH Facility-West, it was verbally indicated that KDOC would like staffing at that site similar to Winfield. Is the RFP being amended to reflect this desire? The offender population at Larned is roughly half of Winfield and has no infirmary. Does KDOC still desire this type of enhanced staffing at LCMHF-West or are vendors free to propose their own staffing model?

Answer: The question was not related to staffing. The question was related to cost-per-inmate per-day. KDOC compares the cost-per-inmate-per-day of clinically managing LCMHF-West unit to the cost of managing WCF. We recommend for LCMHF-West staffing at 16 hours/day and 7 days/week, however, bidders are free to propose their own staffing model.

5.16

Question: During the tours at ECF and NCF, it was indicated that KDOC wanted 7 day a week staffing at ECF- East Unit and NCF-East Unit. Is the RFP being amended to reflect this desire? Does KDOC still desire the additional weekend days for these 2 sites or are vendors free to propose their own staffing model?

Answer: KDOC would prefer a nurse on duty at least eight (8) hours per day, seven (7) days per week at each of these facility's East Units, however, the bidder is free to propose their own staffing model.

5.16

Question: Please provide the hire date, tenure for each employee or average tenure, by position, by site.

Answer Refer to Appendix Y.

5.16

Question: The KDOC has requested additional telemedicine services be provided by the vendor. For example, a physician at the Topeka Regional Office spends 3 hours seeing patients housed at the Oswego facility via telemedicine. Will those 3 hours count towards meeting the physician contractual hours at the Oswego facility?

Answer: Yes, as agreed upon by the KDOC and the successful bidder.

5.16.1

Question: During the tours it was mentioned that additional clerk time should be added to the minimum staffing at the Larned Juvenile Correctional Facility, please confirm this is accurate?

Answer: A 1.0 FTE clerk was inadvertently left off the staffing plan for LJCF and should be included.

5.16.1

Question: The Behavioral Staffing provided lists 8.0 MA at RDU although currently 9.0 are providing these current services and working to capacity. Please confirm the staffing provided was just a minimum level?

Answer: The staffing plan is considered the minimum level required. The successful vendor will be responsible for ensuring staffing is appropriate to complete the tasks and services outlined in this contract.

5.16.1 b. At LJCF there is currently a 1.0 H.S.A (per Appendix N). On the proposed MH Staffing Plan in Appendix I, it indicates 1.0 H.S.A. / Behavioral Health Director. Please confirm if one properly credentialed person can handle both of these responsibilities?

Answer: Yes. Confirmed.

5.16.3

Question: Please provide turnover by position, by site for the last 12 months.

Answer: This request is extremely staff intensive. Therefore we have estimated the site turnover as less than 5.8% turnover each month for the last 12 months. Refer to Appendix X for two (2) consecutive month's turnover and staffing analysis documents.

5.16.4

Question: Who is responsible for counseling, reprimanding or potentially dismissing employees if those employees continue to be responsible for fines/penalties that the vendor has no control over the employee as they are employed by the State. What is the remedy?

Answer: The Contractor shall be responsible for the supervision of all staff providing services under the health care contract regardless of their employment status. KDOC is responsible for assisting with the process of supervision to ensure that the vendor understands the state's rules on supervising state staff. Penalties assessed due to the lack of performance are the responsibility of the vendor. The vendor has full supervisory authority over the employees within the guidelines of the state civil service system. Therefore, they maintain full responsibility of contract performance. Any disputes will be managed and decided by the Director of Health Care Services office.

5.16.5

Question: Please define the KDOC's minimum licensure and degree requirements for "Qualified Mental Health Professionals" as the term is used in the RFP.

Answer: The minimum degree and licensure requirements include master's level trained professionals in a behavioral or social science field from an accredited college or university. Individuals must be licensed by the Behavioral Sciences Regulatory Board to diagnose and treat mental disorders. Examples include; LMLP, LCP, LMFT, LCMFT, LMSW, LSCSW, LPC, and LCPC.

5.17.2

Question: It was discussed during the tour in Hutchinson that the medical provider supplies Gatorade to KDOC offenders and then is reimbursed by KDOC. Will the RFP be amended to reflect this requirement? Please provide an estimated volume and type of Gatorade…powder, bottles, size bottles, etc. Is this for all offenders or just for chronically ill offenders?

Answer: KDOC asks that the vendor supply the Gatorade and include that cost in this RFP as an annual cost for hydration during hot weather. The estimated cost spent on Gatorade over the last two (2) years is $4,000 per year.

5.17.4

Question: Section 5.17.4 requires Hep B Vaccinations, annual TB blood testing and flu vaccinations for all KDOC and contract employees (including parole, food service, etc.). Please provide the current number of employees that this would encompass?

Answer: Approximately 3,000 employees.